

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025355

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

275

Primary Registration District No.

3053

Registrar's No.

145

STATE FILE NUMBER

FILED JUN 26 1963

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Rolla	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1800 Oak st.,		d. STREET ADDRESS (If outside, give location) 1800 Oak st.,	
3. NAME OF DECEASED (Type or print) First CHARLES Middle BERT Last MOORE		4. DATE OF DEATH Month June Day 19, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/27/1884
9. AGE (last birthday) 78		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building	
11. BIRTHPLACE (City and state or country) Phelps County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Marion L. Moore		13b. MOTHER'S MAIDEN NAME Pamela Brookshire	
14. NAME OF HUSBAND OR WIFE Nora Moore		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of none)	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Address Nora Moore 1800 Oak st., Rolla, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary paralysis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac failure DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH unmed	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from May 20, 1963, to this date and last saw him alive on June 19, 1963. Death occurred at 10:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Name or title) Alfred W. Stoll, D.O.		22b. ADDRESS Rolla, Mo.	
22c. DATE SIGNED 6-19-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/22/1963		23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	
23d. LOCATION (City, town, or county) Rolla, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Carl J. Glenn West 10th. st., Rolla, Mo.		25. DATE RECD. BY LOCAL REG. June 20, 1963	
26. REGISTRAR'S SIGNATURE Nadene L. Stoll			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Carl J. Glenn*

Licensed Embalmer No. \_\_\_\_\_

4707

P. O. Address \_\_\_\_\_

Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.